

# Application For Delayed Birth Records Or Delayed Death Records

For Official Use Only

Cert# \_\_\_\_\_

Book# \_\_\_\_\_

Page# \_\_\_\_\_

\$22.00 - Delayed Birth  
\$20.00 - Delayed Death  
(\$4.00 for each additional delayed death certificate of the same person)

PLEASE PRINT

For Official Use Only

Amount \$ \_\_\_\_\_

Date \_\_\_\_\_

Cashier \_\_\_\_\_

Please Check

( ) Delayed Birth ( ) Delayed Death

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Delayed Birth or Delayed Death	Month	Day	Year
3. Place of Delayed Birth or Delayed Death	City	County	
4. Full Name of Father	First Name	Middle Name	Last Name
5. Full Maiden Name of Mother	First Name	Middle Name	Last Name

Applicant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone#(     ) \_\_\_\_\_

Relationship to Person on Record \_\_\_\_\_

Purpose of Obtaining this Record \_\_\_\_\_

Identification used \_\_\_\_\_

**If the certified copy is to be mailed to a different person, please complete:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Effective September 1, 2003, Senate Bill 861, Birth Records are now confidential for 75 years from the date of birth. Death Records will remain confidential for 25 years. Only qualified applicants continue to have access to records.

**WARNING**

The penalty for knowingly making a false statement in this form can be 2 -10 years in prison and a fine up to \$10,000.00  
(Vernon's Texas Health and Safety Code, Chapter 195)

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_